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Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE (ct of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. 4 TRADE Complete if Known 10/003,069-Conf. #4862 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL Filing Date December 6, 2001 Masashi SHIOMI First Named Inventor For FY 2005 Examiner Name C. B. Paula 2178 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 0033-0778P **TOTAL AMOUNT OF PAYMENT** 1,510.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): x Check Birch, Stewart, Kolasch & Birch, LLP Deposit Account Number: 02-2448 Deposit Account Name: Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 250 300 500 Utility 150 130 Design 200 100 100 50 65 Plant 200 100 300 150 160 80 500 250 600 300 300 150 Reissue 100 0 Provisional 200 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims **Total Claims** Fee Paid (\$) Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) 600.00

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Total Sheets Extra Sheets		Number of each additional 50 or fraction thereof			Fee Paid (\$)			
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4. OTHER FEE(S)						Fees Paid (\$)			
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Other (e.g., late fil		790.00							
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

SUBMITTED BY) a		0 1			7				
Signature		X	rent	w	Z_{κ}	ren		Registration No. (Attorney/Agent)	29,271	Telephone	(703) 205-8000
Name (Print/Type)	Char	les	Gorenst	ein	T				_	Date	September 21, 2006



3. APPLICATION SIZE FEE

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HP = highest number of independent claims paid for, if greater than 3.

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